

Board of Chiropractic Examiners

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CA Relay Service TT/TDD (800) 735-2929

Consumer Complaint Hotline: (866) 543-1311

<http://www.chiro.ca.gov>

Special Report

Pursuant to California Code of Regulations section 367.10(b), each chiropractic corporation shall file a special report within 30 days of any change of the corporate officers or directors, shareholders, employees rendering professional services, corporation name change (not change of ownership), change of corporate practice address, and articles of incorporation. Each special report filed must be accompanied by a filing fee of \$5.00.

Check all that apply and complete the appropriate section below:

- | | |
|--|---|
| <input type="checkbox"/> Change of corporate officers | <input type="checkbox"/> Corporation name change (not change of ownership)
(Attach a copy of the endorsed Articles of Incorporation) |
| <input type="checkbox"/> Change of corporate directors | <input type="checkbox"/> Change of shareholder(s) |
| <input type="checkbox"/> Change of employees rendering professional services | <input type="checkbox"/> Change of corporate practice address |

Please print in ink or type

Name of Corporation					Telephone number ()	
Corporation Practice Address	Number	Street	City	State	Zip Code	
Contact Person:					Telephone number ()	

Corporate Officers/Directors (list changes only)

PRESIDENT Name	Address and Telephone Number	License No.
VICE PRESIDENT Name		
SECRETARY Name		
TREASURER Name		
Name and Title		
Name and Title		
Name and Title		
Name and Title		
Name and Title		

Receipt #

Office Use Only	
<input type="checkbox"/> Articles of Inc.	Date cashiered _____

Shareholder(s) (if additional space is needed, please attach a separate sheet, list changes only)

Name	Address and Telephone Number	Licensed as, License no.	% of shares

List all licensees who will render professional services (even if they are also directors, officers or shareholders, list only changes)

Name	Address and Telephone Number	License no.

DECLARATION OF APPLICANT

I am an officer of _____ Corporation and as such make this declaration on
(name of corporation)

behalf of said corporation. I have read the foregoing application and all attachments thereto and know the contents thereof. I declare, under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Executed at _____, California, this ____ day of _____, 20____.

NOTE: Must be executed by an officer who is a licensed chiropractor.

By _____

Print name

Signature

Title